

Official Form 1 (04/07)

United States Bankruptcy Court Northern District of Illinois, Eastern Division				Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Dixon Juanita			Name of Joint Debtor (Spouse) (Last, First, Middle):																		
All Other Names Used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names Used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																		
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 6912			Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																		
Street Address of Debtor (No. and Street, City, and State): 137 Saulktrail Street Park Forest, IL 60466			Street Address of Joint Debtor (No. and Street, City, and State):																		
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business:																		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor (if different from street address above):																					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																	
(Check one box) <input type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owned to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in																		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																					
Estimated Number of Creditors <table style="width:100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000														
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Estimated Assets <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$10,000</td> <td><input type="checkbox"/> \$10,000 to \$100,000</td> <td><input type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More</td> </tr> </table>						<input checked="" type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More											
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Estimated Liabilities <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,000 to \$100,000</td> <td><input type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More</td> </tr> </table>						<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More											
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More																	

**U.S. Bankruptcy Court
Northern District of Illinois**

**Filed: 09/17/2007
Time: 3:57 PM
Debtor: Juanita Dixon
Case: 07-16935
Chapter: 7 Rec. #:
Judge: Susan Sonderby
341 mtg: 10/18/2007 @ 01:00pm
ConfHrg: 09/17/2007 09/17/2007
Trustee: R Alsterda**



1:07BK16935-BK001

(Official Form 1)(04/07)

FORM B1, Page 3

<p>Voluntary Petition (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): Dixon, Juanita</p>
<p>Signatures</p>	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Juanita Dixon</u> Signature of Debtor</p> <p>X <u>708-679-1705</u> Signature of Joint Debtor</p> <p><u>09-17-07</u> Telephone Number (If not represented by attorney)</p> <p><u>09-17-07</u> Date</p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p>Signature of Attorney</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notice and information required under 11 U.S.C. 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. X Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>_____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	

(Official Form 1)(04/07)

FORM B1, Page 2

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Dixon, Juanita	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between; align-items: flex-end;"> X _____ _____ </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 10px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgement for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Official Form 1, Exhibit D (04/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita
Debtor

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.

☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

Official Form 1, Exhibit D (04/07) - Cont.

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.][Must be accompanied by a motion for determination by the court.]

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Date:

Juanita Rios
Sept 17, 07

Official Form 6 - Summary (04/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita
Debtor

Case No. _____
(if known)

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1			
B - Personal Property	Yes	5	\$1,725.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims	Yes	1			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$36,167.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$593.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$1,559.00
TOTAL		21	\$1,725.00	\$36,167.50	

Official Form 6 - Statistical Summary (04/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita
Debtor

Case No. _____
(if known)

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)(whether disputed or undisputed)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	593.00
Average Expenses (from Schedule J, Line 18)	1,535.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	593.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" COLUMN		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column.		00
4. Total from Schedule F		\$36,167.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$36,167.50

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

DECLARATION CONCERNING DEBTOR(S) SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets (total shown on summary page plus 2), and that they are true and correct to the best of my knowledge, information, and belief.

Sept 17, 2007

Date

Juanita Dixon

Signature of Debtor

Date

Signature of Joint Debtor (if any)

* * * * *

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of Title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary of schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Authorized Individual

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

In Re: _____

Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor holds no interest in real property, write "None" under "Description and Location of Property".

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim".

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption	Amount of Secured Claim
None				
		Total		

Official Form 6B (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None". If additional space is needed in any category, attach a separate sheet properly identified with the same case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state the person's name and address under "Description and Location of Property". In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child".

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
1. Cash on hand.	<input checked="" type="checkbox"/>			
2. Checking, savings or other financial accounts, CD's, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives.	<input checked="" type="checkbox"/>			
3. Security deposits with public utilities, telephone companies, landlords, and others.	<input checked="" type="checkbox"/>			
4. Household goods and furnishings, audio, video, and computer equipment.	<input type="checkbox"/>	Couch, Table, Kitchen Table, Chairs, Children's Beds, Adult Bed, Television, VCR, CD Player		875.00

Official Form 6B (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<input type="checkbox"/>	Pictures of Family, Children's School Books		300.00
6. Wearing apparel.	<input type="checkbox"/>	Coats, Shoes, Dresses, Pants, Skirts, Children Underware.		550.00
7. Furs and jewelry.	<input checked="" type="checkbox"/>			
8. Firearms and sports, photographic, and other hobby equipment.	<input checked="" type="checkbox"/>			
9. Interests in insurance policies. Name insurance company of each policy and surrender or refund value of each.	<input checked="" type="checkbox"/>			
10. Annuities. Itemize and name each issuer.	<input checked="" type="checkbox"/>			
11. Interests in an education IRA as defined 26 U.S.C. § 530(b)(1) or under a qualified tuition plan as defined in 26 U.S.C. § Give particulars.	<input checked="" type="checkbox"/>			
12. Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<input checked="" type="checkbox"/>			

Official Form 6B (04/07)

In Re: _____

Dixon, Juanita

Case No. _____

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input checked="" type="checkbox"/>			
14. Interests in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			
15. Government and corporate bonds and negotiable and non-negotiable instruments.	<input checked="" type="checkbox"/>			
16. Accounts receivable.	<input checked="" type="checkbox"/>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			
19. Equitable or future interest, life estates, rights or powers exercisable for the benefit of the debtor other than those listed in Schedule - Real Property.	<input checked="" type="checkbox"/>			
20. Contingent and noncontingent interests in real estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			

Official Form 6B (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
21. Other contingent or unliquidated claims every nature, including tax refunds, counter-claims of the debtor, and rights to setoff Give estimated value of each.	<input checked="" type="checkbox"/>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<input checked="" type="checkbox"/>			
24. Customer lists or other compilations containing personally identifiable provided to the debtor by individuals in connection with obtaining a product or from the debtor primarily for personal,	<input checked="" type="checkbox"/>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<input checked="" type="checkbox"/>			
26. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			
27. Aircraft and accessories.	<input checked="" type="checkbox"/>			
28. Office equipment, furnishings, and supplies.	<input checked="" type="checkbox"/>			

Official Form 6B (04/07)

In Re:

Dixon, Juanita

Case No.

Debtor

(if known)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption
29. Machinery, fixtures, equipment, and supplies used in business.	<input checked="" type="checkbox"/>			
30. Inventory.	<input checked="" type="checkbox"/>			
31. Animals.	<input checked="" type="checkbox"/>			
32. Crops - growing or harvested. Give particulars.	<input checked="" type="checkbox"/>			
33. Farming equipment and implements.	<input checked="" type="checkbox"/>			
34. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			
35. Other personal property of any kind not already listed, such as season tickets. Itemize.	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>			
Total				\$1,725.00

Official Form 6C (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemptions
Couch, Table, Kitchen Table, Chairs, Children's Beds, Adult Bed, Television, VCR, CD Player	11 USC § 522 (d)(3)	875.00	875.00
Pictures of Family, Children's School Books	11 USC § 522 (d)(3)	300.00	300.00
Coats, Shoes, Dresses, Pants, Skirts, Children Underware.	11 USC § 522 (d)(3)	550.00	550.00

Official Form 6D (04/07)

In Re:

Dixon, Juanita

Case No.

Debtor

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			VALUE \$					
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			VALUE \$					
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			VALUE \$					
Subtotal (Total of this page)							\$0.00	\$0.00
Total (Use only on last page)								

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6E (04/07)

In Re:

Dixon, Juanita

Case No.

Debtor

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of this petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Official Form 6E (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTR, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

____ continuation sheets attached

Case No.

(if known)

Sheet no. 1 of continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
418534010359 Plains Commerce Bank P.O. Box 88020 Sioux Falls, SD 57109	<input type="checkbox"/>		05/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1239.00
695764 Nicor Gas 1844 Ferry Road Naperville, IL 60563	<input type="checkbox"/>		09/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1472.00
C062 Central Furniture Mart 1348 N. Milwaukee Chicago, IL 60622	<input type="checkbox"/>		03/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1852.00
011513 RMI/MSCI Village of Olympia Fields 3348 Ridge Rd Lansing, IL 60438	<input type="checkbox"/>		05/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250.00
Subtotal							\$4,813.00
Total							

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

6 continuation sheets attached

Official Form 6F (04/07)

In Re:

Dixon, Juanita

Case No.

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
22978AIRM	<input type="checkbox"/>	04/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	439.00
Tri State Adjustment Med1 02 Assoc in Rehabilitation Medical 773 W. Lincoln Freeport, IL 60132						
17962491	<input type="checkbox"/>	09/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	554.00
West Asset Management Sprint PCA 1000 N F Travi Sherman, TX 75090						
6115551	<input type="checkbox"/>	07/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	375.00
Medical Recovery Specialists Inc Christ Medical Center 2250 East Devon Ave Suite 352 Des Plaines, IL 60018						
12649301	<input type="checkbox"/>	12/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	682.00
Collection Systems Inc. Med1 Christ Hospital 8 S. Michigan #618 Chicago, IL 60603						
1427777	<input type="checkbox"/>	12/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	237.00
Creditors Collection Med1 02 Emergency Care Health Organization N. P.O. Box 63 151 Schuyler Ave Kankakee, IL 60901						
1053130588	<input type="checkbox"/>	11/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	207.00
Trustmark Recovery Service Med1 02 Oaklawn Radiology Imaging 541 Otis Bowen Drive Munster, IN 46321						
22527073FCH	<input type="checkbox"/>	10/2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3111.00
Revenue Cycle Solutions St James Chicago Heights 3 Westbrook Corpor #200 Westchester, IL 60154						
Subtotal						\$5,605.00
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Official Form 6F (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor		(if known)					
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
1203703 Komyatte & Associates Community Hospital Outpatient 9650 Gordon Drive Highland, IL 46322	<input type="checkbox"/>		10/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3899.00
1021003 Komyatte & Associates Patients 1st Er Medical Con 9650 Gordon Drive Highland, IL 46322	<input type="checkbox"/>		09/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140.00
1020737 Komyatte & Associates Patients 1st Er Medical Con 9650 Gordon Drive Highland, IL 46322	<input type="checkbox"/>		09/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	535.00
1009282 Komyatte & Associates Community Hospital Outpatient 9650 Gordon Drive Highland, IL 46322	<input type="checkbox"/>		07/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	155.00
19580360 Arrow Financial Services Assignee of Charter One Bank 8589 Aero Drive #600 San Diego, CA 62123	<input type="checkbox"/>		07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	301.00
917704399 Credit Protection Assoc. Hollywood Video 13355 Noel Road Dallas, TX 75240	<input type="checkbox"/>		07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127.00
68014 RMI/MSCI Village of Park Forest 3348 Ridge Rd Lansing, IL 60438	<input type="checkbox"/>		01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
Subtotal							\$5,907.00
Total							
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

Official Form 6F (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor		(if known)					
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
65197	<input type="checkbox"/>		02/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
RMI/MSCI Village of Park Forest 3348 Ridge Rd Lansing, IL 60438							
60690	<input type="checkbox"/>		01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
RMI/MSCI Village of Park Forest 3348 Ridge Rd Lansing, IL 60438							
466958	<input type="checkbox"/>		01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111.00
CAB Services Forest South Animal Hospital 60 Barney Dr. Joliet, IL 60435							
163158	<input type="checkbox"/>		09/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	327.00
Komyatte & Associates Community Hospital Outpatient 9650 Gordon Drive Highland, IL 46322							
4911491	<input type="checkbox"/>		09/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	295.00
Komyatte & Associates Community Hospital Outpatient 9650 Gordon Drive Highland, IL 46322							
553472	<input type="checkbox"/>		07/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	336.00
Komyatte & Associates Community Hospital ER Physicians 9650 Gordon Drive Highland, IL 46322							
5330312	<input type="checkbox"/>		07/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110.00
Illinois Collection Service Inc. Midwest Physician Group LTD 4647 W. 103rd Street Oak Lawn, IL 60453							
Subtotal							\$2,679.00
Total							
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

In Re: Dixon, Juanita

Case No. _____

Debtor		(if known)					
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
24091	<input type="checkbox"/>		08/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
RMI/MSCI Village of Park Forest 3348 Ridge Rd Lansing, IL 60438							
24090	<input type="checkbox"/>		04/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
RMI/MSCI Village of Park Forest 3348 Ridge Rd Lansing, IL 60438							
2M123718	<input type="checkbox"/>		03/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6570.00
Cook County 1st Municipal Court State Farm Mutual Auto Insurance Richard J. Daley Center Chicago, IL 60602							
0050567829 / 5039334910	<input type="checkbox"/>		10/2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30.00
City of Chicago Department of Revenue P.O. Box 88292 Chicago, IL 60680-1292							
28057	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250.00
Receivables Management, Inc. Village of Olympia Fields P.O. Box 593 Lansing, IL 60438-0593							
6043212	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250.00
Receivables Management, Inc. Village of Park Forest P.O. Box 593 Lansing, IL 60438-0593							
6043213	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250.00
Receivables Management, Inc. Village of Park Forest P.O. Box 593 Lansing, IL 60438-0593							
Subtotal							\$8,850.00
Total							
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

Official Form 6F (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor		(if known)					
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
M016434 Receivables Management, Inc. Village of Park Forest Lo P.O. Box 593 Lansing, IL 60438-0593	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
010203 Receivables Management, Inc. Village of Park Forest Lo P.O. Box 593 Lansing, IL 60438-0593	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
016433 Receivables Management, Inc. Village of Park Forest Lo P.O. Box 593 Lansing, IL 60438-0593	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
M010050 Receivables Management, Inc. Village of Park Forest Lo P.O. Box 593 Lansing, IL 60438-0593	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
M016517 Receivables Management, Inc. Village of Park Forest Lo P.O. Box 593 Lansing, IL 60438-0593	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750.00
22978-AIRM Tri State Adjustments Freeport, Inc. Assoc in Rehabilitation Medication P.O. Box 882 Freeport, IL 61032-0882	<input type="checkbox"/>		04/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	439.00
YJ836125 Clerk of the Circuit Court Bridgeview-5th Municipal Dst 10220 S. 76th Ave Bridgeview, IL 60455-2420	<input type="checkbox"/>		06/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95.00
Subtotal							\$4,284.00
Total							

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (04/07)

In Re:

Dixon, Juanita

Case No.

Debtor		(if known)					
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
45HO3-0002-CP-313 Jonathan R O'hara Attorney at Law Key Markets 1304 Vale Park Road Valparaiso, IN 46383	<input type="checkbox"/>		04/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	490.00
046921 IQ Telecom, Inc. 3221 W. Burr Oak Ave Blue Island, IL 60406-1829	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90.02
TL-IL0337-070522-2383-01 Illinois Title Loans, Inc. 1645 Western Avenue Chicago Heights, IL 60411	<input type="checkbox"/>		07/2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3449.48
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Account Number:	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal							\$4,029.50
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$36,167.50

Official Form 6G (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State Whether Lease is for Nonresidential Real Property. State Contract Number of Any Government Contract

Official Form 6H (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

Name and Mailing Address of Codebtor	Name and Mailing Address of Creditor

Official Form 61 (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
	Daughter	20
	Daughter	18
	Son	17
	Son	16
Employment:	DEBTOR	SPOUSE
Occupation	Disabled / Unemployed	
Name of Employer		
How Long Employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$	0.00	\$	
2. Estimated monthly overtime	\$	0.00	\$	
3. SUBTOTAL	\$	0.00	\$	0.00
4. LESS PAYROLL DEDUCTIONS				
a. Payroll taxes and social security	\$	0.00	\$	
b. Insurance	\$	0.00	\$	
c. Union dues	\$	0.00	\$	
d. Other (Specify): None	\$	0.00	\$	
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$	0.00	\$	0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$	0.00	\$	0.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$	0.00	\$	
8. Income from real property	\$	0.00	\$	
9. Interest and dividends	\$	0.00	\$	
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	0.00	\$	
11. Social security or other government assistance (Specify): Disability	\$	593.00	\$	
12. Pension or retirement income	\$	0.00	\$	
13. Other monthly income (Specify: None)	\$	0.00	\$	
14. SUBTOTAL OF LINES 7 THROUGH 13	\$	593.00	\$	0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$	593.00	\$	0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15	\$	593.00		

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

Official Form 6J (04/07)

In Re: Dixon, Juanita

Case No. _____

Debtor

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	650.00
a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. Utilities: a. Electricity and heating fuel	\$	240.00
b. Water and sewer	\$	0.00
c. Telephone	\$	50.00
d. Other Grooming	\$	50.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	290.00
5. Clothing	\$	80.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	0.00
8. Transportation (not including car payments)	\$	150.00
9. Recreation, clubs and entertainment, newspapers, magazines	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renters	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	0.00
e. Other None	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	\$	0.00
Specify None		
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other None	\$	0.00
c. Other None	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other None	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	1,535.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
None		

STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	593.00
b. Average monthly expenses from Line 18 above	\$	1,535.00
c. Monthly net income (a. minus b.)	\$	-942.00

FORM 7. STATEMENT OF FINANCIAL AFFAIRS
UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita Case No. _____
Debtor (if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child". See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None", mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

None ☐ **1. Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
2005 - \$0.00	Unemployed
2006 - \$7116.00	Disability

2. Income other than from employment or operation of business 2, Page 32 of 52

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

- None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, [except for a debt on account of a domestic support obligation,] made within 90 days immediately preceding the commencement of this case. Indicate with an * any payments that were made to the creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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- None ☒ b. Debtor whose debts are not primarily consumer debts: List all payments or other transfer to any creditor aggregating more than \$5,475 in value made within 90 days immediately preceding the commencement of case. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	--------------------------------------	-----------------------

None ☒ c. All debtors: List all payment made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
------------------------------------------------------------	--------------------	----------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF
SEIZURE

DESCRIPTION AND
VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CREDITOR OR SELLER

DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND VALUE
OF PROPERTY

6. Assignments and receiverships

2 Page 35 of 52

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT
OR SETTLEMENT

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIAN

NAME AND LOCATION OF COURT
CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND
VALUE OF PROPERTY

7. Gifts

2 Page 36 of 52

- None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
-----------------------------------------------	-----------------------------------	--------------	----------------------------------

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	----------------------------------------------------------------------------------------------------------------	--------------

9. Payments related to debt counseling or bankruptcy

- None ☒ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	--------------------------------------------------------	---------------------------------------------------------

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAMD AND ADDRESS OF TRANSFERREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

- None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE

AMOUNT OF MONEY OR DESCRIPTION AND VALUE
OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF
SALE OR CLOSING

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Bank or Other Depository	Names and Addresses of those with Access to Box or Depository	Description of Contents	Date of Transfer or Surrender, if any
-------------------------------------------------	------------------------------------------------------------------	-------------------------	------------------------------------------

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Creditor	Date of Setoff	Amount of Setoff
------------------------------	----------------	------------------

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

Name and Address of Owner	Description and Value of Property	Location of Property
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

- None ☒ a. Individual debtor(s): If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

- None ☒ b. All other debtors: If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and former spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name

17. Environmental information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
-----------------------	------------------------------------------	----------------	-------------------

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

Name and Address of

18. Nature, location and name of business

- None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was a self-employed in a trade, profession, or other activity either full- or part-time within the six-years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME, ADDRESS, LAST FOUR DIGITS OF SOC. SEC. NO.
COMPLETE EIN OR OTHER TAXPAYER I.D. NO.

NATURE OF BUSINESS

BEGINNING AND
ENDING DATES

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of this debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME AND ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

Date of Inventory	Inventory Supervisor	Amount of Inventory (Specify cost, market or other basis)
-------------------	----------------------	--------------------------------------------------------------

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESS OF CUSTODIAN OF RECORDS
-------------------	---------------------------------------------

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

Name and Address	Nature of Interest	Percentage of Interest
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

Name and Address	Title	Nature and Percentage of Stock Ownership
------------------	-------	---------------------------------------------

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

Name and Address

Date of Withdrawal

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

Name and Address of Recipient,

Amount of Money

24. Tax consolidation group

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of this case.

Name of Parent Corporation

Taxpayer Identification Number

25. Pension funds

- None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of this case.

[If completed by an individual or individual and spouse.]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Sept 17, 2007
Date

Date

X Juanita Dixon
Signature of Debtor

Signature of Joint Debtor (if any)

[If completed on behalf of a bankruptcy petition preparer]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date

X _____
Signature of Bankruptcy Petition Preparer

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date

X _____
Signature of Authorized Individual

Printed Name and Title

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita
Debtor

Case No. _____
(if known)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)			

Sept 17, 2007
Date

x Juanita Dixon
Signature of Debtor

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of Title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

In Re:

Dixon, Juanita

Case No.

Debtor

(if known)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

STATEMENT
Pursuant to Rule 2016(b)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with this bankruptcy case is as follows:

For legal services, I have agreed to accept	\$
Prior to the filing of this statement I have received	\$
Amount of filing fee in this case paid	\$
Balance Due	\$

2. The source of the compensation paid to me was:

☐ Debtor(s) ☐ Other (Specify:)

3. The source of the compensation to be paid to me is:

☐ Debtor(s) ☐ Other (Specify:)

4. ☐ I have not agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- ☐ Analysis of the debtor(s) financial situation, and rendering advice to the debtor(s) in determining whether to file a petition in bankruptcy under title 11 of the United States Code.
- ☐ Preparation and filing of any petition, schedules, statements, and plan which may be required.
- ☐ Representation of the debtor(s) at the meeting of creditors.
- ☐ Negotiation of reaffirmation or surrender of secured collateral.
- ☐
- ☐

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Signature of Attorney

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois, Eastern Division

In Re: Dixon, Juanita
Debtor

Case No. 07-16935
(if known)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 4 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Sept 17, 2007
Date

Signature of Attorney

Juanita Dixon
Signature of Debtor

Signature of Joint Debtor (if any)

Signature of Authorized Individual

Arrow Financial Services
Assignee of Charter One Bank
8589 Aero Drive #600
San Diego, CA 62123

CAB Services
Forest South Animal Hospital
60 Barney Dr.
Joliet, IL 60435

Central Furniture Mart
1348 N. Milwaukee
Chicago, IL 60622

City of Chicago Department of Revenue
P.O. Box 88292
Chicago, IL 60680-1292

Clerk of the Circuit Court
Bridgeview-5th Municipal Dst
10220 S. 76th Ave
Bridgeview, IL 60455-2420

Collection Systems Inc.
Med1 Christ Hospital
8 S. Michigan #618
Chicago, IL 60603

Cook County 1st Municipal Court
State Farm Mutual Auto Insurance
Richard J. Daley Center
Chicago, IL 60602

Credit Protection Assoc.
Hollywood Video
13355 Noel Road
Dallas, TX 75240

Creditors Collection
Med1 02 Emergency Care Health Organization
N. P.O. Box 63
151 Schuyler Ave
Kankakee, IL 60901

IQ Telecom, Inc.
3221 W. Burr Oak Ave
Blue Island, IL 60406-1829

Illinois Collection Service Inc.
Midwest Physician Group LTD
4647 W. 103rd Street
Oak Lawn, IL 60453

Illinois Title Loans, Inc.
1645 Western Avenue
Chicago Heights, IL 60411

Jonathan R O'hara
Attorney at Law
Key Markets
1304 Vale Park Road
Valparaiso, IN 46383

Komyatte & Associates
Community Hospital ER Physicians
9650 Gordon Drive
Highland, IL 46322

Komyatte & Associates
Community Hospital Outpatient
9650 Gordon Drive
Highland, IL 46322

Komyatte & Associates
Community Hospital Outpatient
9650 Gordon Drive
Highland, IL 46322

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Community Hospital Outpatient
9650 Gordon Drive
Highland, IL 46322

Komyatte & Associates
Community Hospital Outpatient
9650 Gordon Drive
Highland, IL 46322

Komyatte & Associates
Patients 1st Er Medical Con
9650 Gordon Drive
Highland, IL 46322

Komyatte & Associates
Patients 1st Er Medical Con
9650 Gordon Drive
Highland, IL 46322

Medical Recovery Specialists Inc
Christ Medical Center
2250 East Devon Ave Suite 352
Des Plaines, IL 60018

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

Plains Commerce Bank
P.O. Box 88020
Sioux Falls, SD 57109

RMI/MSCI
Village of Olympia Fields
3348 Ridge Rd
Lansing, IL 60438

Attachment 2

RMI/MSCI
Village of Park Forest
3348 Ridge Rd
Lansing, IL 60438

RMI/MSCI
Village of Park Forest
3348 Ridge Rd
Lansing, IL 60438

RMI/MSCI
Village of Park Forest
3348 Ridge Rd
Lansing, IL 60438

RMI/MSCI
Village of Park Forest
3348 Ridge Rd
Lansing, IL 60438

RMI/MSCI
Village of Park Forest
3348 Ridge Rd
Lansing, IL 60438

Receivables Management, Inc.
Village of Olympia Fields
P.O. Box 593
Lansing, IL 60438-0593

Receivables Management, Inc.
Village of Park Forest
P.O. Box 593
Lansing, IL 60438-0593

Receivables Management, Inc.
Village of Park Forest
P.O. Box 593
Lansing, IL 60438-0593

Receivables Management, Inc.
Village of Park Forest Lo
P.O. Box 593
Lansing, IL 60438-0593

Receivables Management, Inc.
Village of Park Forest Lo
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Lansing, IL 60438-0593

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Lansing, IL 60438-0593

Receivables Management, Inc.
Village of Park Forest Lo
P.O. Box 593
Lansing, IL 60438-0593

Attachment 3

Receivables Management, Inc.
Village of Park Forest Lo
P.O. Box 593
Lansing, IL 60438-0593

Revenue Cycle Solutions
St James Chicago Heights
3 Westbrook Corpor #200
Westchester, IL 60154

Tri State Adjustment
Med1 02 Assoc in Rehabilitation Medical
773 W. Lincoln
Freeport, IL 60132

Tri State Adjustments Freeport, Inc.
Assoc in Rehabilitation Medication
P.O. Box 882
Freeport, IL 61032-0882

Trustmark Recovery Service
Med1 02 Oaklawn Radiology Imaging
541 Otis Bowen Drive
Munster, IN 46321

West Asset Management
Sprint PCA
1000 N F Travi
Sherman, TX 75090